

MORE AT FOUR PRE-KINDERGARTEN PROGRAM

ECERS-R State Intervention Plan

County _____ Site _____ Teacher _____ Date _____

Date of Assessment(s) _____ Overall Classroom Score(s) _____

Indicator & Score	Action Needed (e.g., equipment, materials, revising schedules, policy, practices, procedures, technical assistance, training needs)	Time Line (By when & Who)	Follow Up (e.g. changes made, date completed, time extended)	For More at Four State Office Use Only NP - little to no progress made IP - in progress C - completed

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I participated in the development of this Intervention Plan, and will begin immediately to implement this Plan. I understand that this classroom will be reassessed during this program year, and must score at least a 4.5 on the Total Child Item Score (items 1-37) on the ECERS-R to remain in the More at Four Pre-Kindergarten Program.

Signature- Local Program Contact – Date

Signature – Site Administrator – Date

Signature – Classroom Teacher – Date

I participated in the development of the Intervention Plan.

Signature- State More at Four Program Consultant – Date

Attachment E
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